

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.A.</i>	<i>12</i>	<i>12/15/89</i>
O.I.P.E. CLASSIFIER	<i>de</i>	<i>21423</i>	<i>2-2-90</i>
FORMALITY REVIEW	<i>a</i>	<i>21423</i>	<i>4-17-90</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral) ..... Canceled                      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/15/89
2	✓	✓	12/15/89
3	✓	✓	12/15/89
4	✓	✓	12/15/89
5	✓	✓	12/15/89
6	✓	✓	12/15/89
7	✓	✓	12/15/89
8	✓	✓	12/15/89
9	✓	✓	12/15/89
10	✓	✓	12/15/89
11	✓	✓	12/15/89
12	✓	✓	12/15/89
13	✓	✓	12/15/89
14	✓	✓	12/15/89
15	✓	✓	12/15/89
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18	✓	✓	12/15/89
19	✓	✓	12/15/89
20	✓	✓	12/15/89
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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